L23000222670

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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11/06/23--01005--015 **25.00

3.B

TO: Registration Section **Division of Corporations**

WAGNER NOLASCO GROUP LLC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	WAGNER NOLASCO		
		Name of Person	
	WAGNER NOLASCO GR	OUPLLC	
		Firm/Company	
	16902 VINCI WAY		
		Address	
	MONTVERDE, FL 34756		
		City/State and Zip Code	•
	ADM@B2RDIRECT.COM		
	E-mail address: (to be used for future annual report notif	ication)
for further information co	oncerning this matter, please ca	all;	
WAGNER NOLASCO		305 684-2222	
Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	c following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	v:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAGNER NOLASCO GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on $\frac{05/05/2023}{2}$ and assigned lorida document number 1.23000222670 his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 16902 VINCLWAY inter new principal offices address, if applicable: MONTVERDE, FL 34756 Principal office address MUST BE A STREET ADDRESS) 16902 VINCLWAY inter new mailing address, if applicable: MONTVERDE, FL 34756 Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

'cw Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

Cire

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
			□Change
			□Remove
			: DChange
			□Add
			: Remove
			r∨ □Change
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			□Remove
		<u> </u>	☐ ☐ Change
	 		Add
		· .	⊐Remove
			□Change

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